PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768361**

1. Corporation Name

BELIEVERS LIFE MINISTRIES, INC.

Principal Place of Business	Mailing Address
901 N.W. 62 ST. MIAMI FL ~~33066~~ US	2200 NORTHWEST 191ST STREET ~~MIAMI FL 33056~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State: Miami, FL
Zip: 33150 Country: Dade

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State: Opalocka, Fla
Zip: 33056 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/1983

5. FEI Number: 59-2288681 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addressos of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SIMS, MICHEALANE	2200 NW 191ST ST.	MIAMI FL
SD	FRIERSON, EDWARD	1905 N.W. 5TH PLACE	MIAMI FL
SD	THOMPSON, MARILYN	1481 N.W. 44TH STREET	MIAMI FL

100002375421--0
-12/17/97--01091--019
****245.00 ****245.00

8. Name and Address of Current Registered Agent

THOMPSON,, MARILYN
1481 N.W. 44TH ST.
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Marilyn Thompson (REGISTERED AGENT MUST SIGN) Date: 12-10-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michealane Sims Michealane Sims 12-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #